

w/ flex

Consociate- Health Insurance - Bronze Plan NPPE3K36					Consociate- Health Insurance - Bronze Plan NPPE3K36			
ANNUALLY				MONTHLY	ANNUALLY			
Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost
Employee	\$9,540.00	\$7,086.00	\$2,454.00	\$795.00	Employee	\$9,540.00	\$7,086.00	\$2,454.00
Employee + Spouse	\$19,961.16	\$7,086.00	\$12,875.16	\$1,663.43	Employee + Spouse	\$19,961.16	\$7,086.00	\$12,875.16
Employee + Child(ren)	\$17,639.64	\$7,086.00	\$10,553.64	\$1,469.97	Employee + Child(ren)	\$17,639.64	\$7,086.00	\$10,553.64
Family	\$28,698.48	\$7,086.00	\$21,612.48	\$2,391.54	Family	\$28,698.48	\$7,086.00	\$21,612.48
PER PAY			22 PAYS		PER PAY			26 PAYS
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost
Employee	\$433.64	\$322.09	\$1.00		Employee	\$366.92	\$272.54	\$94.38
Employee + Spouse	\$907.33	\$322.09	\$585.24		Employee + Spouse	\$767.74	\$272.54	\$495.20
Employee + Child(ren)	\$801.80	\$322.09	\$479.71		Employee + Child(ren)	\$678.45	\$272.54	\$405.91
Family	\$1,304.48	\$322.09	\$982.39		Family	\$1,103.79	\$272.54	\$831.25
Consociate - Health Insurance - Silver Plan - MPET1V07					Consociate - Health Insurance - Silver Plan - MPET1V07			
ANNUALLY				MONTHLY	ANNUALLY			
Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost
Employee	\$9,540.00	\$7,086.00	\$2,454.00	\$795.00	Employee	\$9,540.00	\$7,086.00	\$2,454.00
Employee + Spouse	\$19,061.64	\$7,086.00	\$11,975.64	\$1,588.47	Employee + Spouse	\$19,061.64	\$7,086.00	\$11,975.64
Employee + Child(ren)	\$17,481.00	\$7,086.00	\$10,395.00	\$1,456.75	Employee + Child(ren)	\$17,481.00	\$7,086.00	\$10,395.00
Family	\$27,650.76	\$7,086.00	\$20,564.76	\$2,304.23	Family	\$27,650.76	\$7,086.00	\$20,564.76
PER PAY			22 PAYS		PER PAY			26 PAYS
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost
Employee	\$433.64	\$322.09	\$111.55		Employee	\$366.92	\$272.54	\$94.38
Employee + Spouse	\$866.44	\$322.09	\$544.35		Employee + Spouse	\$733.14	\$272.54	\$460.60
Employee + Child(ren)	\$794.59	\$322.09	\$472.50		Employee + Child(ren)	\$672.35	\$272.54	\$399.81
Family	\$1,256.85	\$322.09	\$934.76		Family	\$1,063.49	\$272.54	\$790.95

w/out flex

Consociate- Health Insurance - Bronze Plan NPPE3K36					Consociate- Health Insurance - Bronze Plan NPPE3K36			
ANNUALLY				MONTHLY	ANNUALLY			
Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost
Employee	\$9,540.00	\$8,586.00	\$954.00	\$795.00	Employee	\$9,540.00	\$8,586.00	\$954.00
Employee + Spouse	\$19,961.16	\$8,586.00	\$11,375.16	\$1,663.43	Employee + Spouse	\$19,961.16	\$8,586.00	\$11,375.16
Employee + Child(ren)	\$17,639.64	\$8,586.00	\$9,053.64	\$1,469.97	Employee + Child(ren)	\$17,639.64	\$8,586.00	\$9,053.64
Family	\$28,698.48	\$8,586.00	\$20,112.48	\$2,391.54	Family	\$28,698.48	\$8,586.00	\$20,112.48
PER PAY			22 PAYS		PER PAY			26 PAYS
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost
Employee	\$433.64	\$390.28	\$43.36		Employee	\$366.92	\$330.23	\$36.69
Employee + Spouse	\$907.33	\$390.28	\$517.05		Employee + Spouse	\$767.74	\$330.23	\$437.51
Employee + Child(ren)	\$801.80	\$390.28	\$411.52		Employee + Child(ren)	\$678.45	\$330.23	\$348.22
Family	\$1,304.48	\$390.28	\$914.20		Family	\$1,103.79	\$330.23	\$773.56
Consociate - Health Insurance - Silver Plan - MPET1V07					Consociate - Health Insurance - Silver Plan - MPET1V07			
ANNUALLY				MONTHLY	ANNUALLY			
Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost
Employee	\$9,540.00	\$8,586.00	\$954.00	\$795.00	Employee	\$9,540.00	\$8,586.00	\$954.00
Employee + Spouse	\$19,061.64	\$8,586.00	\$10,475.64	\$1,588.47	Employee + Spouse	\$19,061.64	\$8,586.00	\$10,475.64
Employee + Child(ren)	\$17,481.00	\$8,586.00	\$8,895.00	\$1,456.75	Employee + Child(ren)	\$17,481.00	\$8,586.00	\$8,895.00
Family	\$27,650.76	\$8,586.00	\$19,064.76	\$2,304.23	Family	\$27,650.76	\$8,586.00	\$19,064.76
PER PAY			22 PAYS		PER PAY			26 PAYS
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost
Employee	\$433.64	\$390.28	\$43.36		Employee	\$366.92	\$330.23	\$36.69
Employee + Spouse	\$866.44	\$390.28	\$476.16		Employee + Spouse	\$733.14	\$330.23	\$402.91
Employee + Child(ren)	\$794.59	\$390.28	\$404.31		Employee + Child(ren)	\$672.35	\$330.23	\$342.12
Family	\$1,256.85	\$390.28	\$866.57		Family	\$1,063.49	\$330.23	\$733.26

2026 PREMIUMS for 22 Pay Scale					2026 PREMIUMS for 26 Pay Scale				
Dental Insurance DPPO					Dental Insurance DPPO				
ANNUALLY				MONTHLY	ANNUALLY				
Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost	
Employee	\$519.24	\$519.24	\$0.00	\$43.27	Employee	\$519.24	\$519.24	\$0.00	
Employee +1	\$1,042.68	\$573.72	\$468.96	\$86.89	Employee +1	\$1,042.68	\$573.72	\$468.96	
Employee + Children	\$1,427.04	\$573.72	\$853.32	\$118.92	Employee + Child(ren)	\$1,427.04	\$573.72	\$853.32	
Family	\$1,427.04	\$573.72	\$853.32	\$118.92	Family	\$1,427.04	\$573.72	\$853.32	
PER PAY			22 PAYS		PER PAY			26 PAYS	
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost	
Employee	\$23.61	\$23.61	\$0.00		Employee	\$19.97	\$19.97	\$0.00	
Employee +1	\$47.39	\$23.61	\$23.78		Employee +1	\$40.10	\$19.97	\$20.13	
Employee + Children	\$64.87	\$23.61	\$41.26		Employee + Child(ren)	\$54.89	\$19.97	\$34.92	
Family	\$64.87	\$23.61	\$41.26		Family	\$54.89	\$19.97	\$34.92	
Vision Insurance					Vision Insurance				
ANNUALLY				MONTHLY	ANNUALLY				
Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost	
Employee	\$153.84	\$0.00	\$153.84	\$12.82	Employee	\$153.84	\$0.00	\$153.84	
Employee + Spouse	\$259.44	\$0.00	\$259.44	\$21.62	Employee + Spouse	\$259.44	\$0.00	\$259.44	
Employee + Child(ren)	\$264.60	\$0.00	\$264.60	\$22.05	Employee + Child(ren)	\$264.60	\$0.00	\$264.60	
Family	\$418.56	\$0.00	\$418.56	\$34.88	Family	\$418.56	\$0.00	\$418.56	
PER PAY			22 PAYS		PER PAY			26 PAYS	
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost	
Employee	\$6.99	\$0.00	\$6.99		Employee	\$5.92	\$0.00	\$5.92	
Employee + Spouse	\$11.79	\$0.00	\$11.79		Employee + Spouse	\$9.98	\$0.00	\$9.98	
Employee + Child(ren)	\$12.03	\$0.00	\$12.03		Employee + Child(ren)	\$10.18	\$0.00	\$10.18	
Family	\$19.03	\$0.00	\$19.03		Family	\$16.10	\$0.00	\$16.10	
Life and AD&D Insurance					Life and AD&D Insurance				
ANNUALLY				MONTHLY	ANNUALLY				
Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost	
Employee	\$27.00	\$27.00	\$0.00	\$2.25	Employee	\$27.00	\$27.00	\$0.00	
PER PAY			22 PAYS		PER PAY			26 PAYS	
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost	
Employee	\$1.23	\$1.23	\$0.00		Employee	\$1.04	\$1.04	\$0.00	